

PTO/SB/21 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number		10/642,395			
		Filing Date		August 14, 2003			
		First Named Inventor		Michael S. H. Chu			
		Art Unit		3773			
(to be used for all correspondence after initial filing)		Examiner N	ame	Melissa K. Ryckman			
Total Number of Pages in This Submission		sion	Attorney Docket Number		MIY-P01-024		
	EN	ICLOSURES (	Check all that apply)				
X Fee Transn	nittal Form	Drawing(s)			After Allowance Communication to TC		
Fee A	Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
x Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application			Proprietary Information		
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
X Extension of Time Request		Terminal Disclaimer			X Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund			Return Receipt Postcard		
: Information Disclosure Statement		CD, Number of CD(s)					
Certified Copy of Priority Document(s)		Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application		Remarks	.= .				
Reply to Missing Parts under							
· · · · · · · · · · · · · · · · · · ·							
	SIGNATI	URE OF APPLICA	ANT, ATTOR	RNEY, OR A	GENT		
Firm Name	RUPES & GRAT LLP						
Signature	26 IN						
Printed name	Richard G. Allison	<del></del>					
Date	May 19, 2008	•		Reg. No.	60,386		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on
the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
1 les Halley
Dated: 5/19/08 Signature: Character (Cindyanne Holmes)

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Nun	nber 1	10/642,395			
FEE TRANSMITTAL		Filing Date		August 14, 2003			
For FY 2008		First Named Inv	entor N	Michael S. H. Chu			
FULFI 2000		Examiner Name Melissa K. R		/lelissa K. Ryc	ckman		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	7 0.1		3773		
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket	Attomey Docket No. MIY-P01-024				
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account	Number: 18-1945	Deposit	Account Name:	Ropes	& Gray LI	_P	
For the above-identified dep	osit account, the Director	is hereby authorize	ed to: (checl	k all that apply)			
x Charge fee(s) indicate	d below	Charg	e fee(s) indi	icated below, ex	cept for th	e filing fee	
Charge any additional fee(s) under 37 CFR 1	fee(s) or underpayments .16 and 1.17	of x Credit	any overpa	yments			
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E							
F		EARCH FEES	EXAMIN	ATION FEES			
Application Type Fee (	Small Entity \$) Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility 310	155 510	255	210	105			
Design 210	105 100	0 50	130	65			
Plant 210	105 310	0 155	160	80	-		
Reissue 310	155 510	0 255	620	310			
Provisional 210		0 0	0	0			
2. EXCESS CLAIM FEES						Small Entity	
Fee Description					<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reis	•				50	25	
Each independent claim over 3 (inc	luding Reissues)				210	105	
Multiple dependent claims					370	185	
<u>Total Claims</u> <u>Extra Claims</u>	Fee (\$) Fee	Paid (\$)	Multiple Dependent Claims				
34 - 34 = HP = highest number of total claims paid fo	X =		Fee	<u>e (\$)</u> <u>F</u>	ee Paid (\$	)	
	_	Paid (\$)				_	
Indep. Claims 4 - 5 =	Fee (\$) Fee	Faiu (\$)					
HP = highest number of independent claim							
3. APPLICATION SIZE FEE							
If the specification and drawings e							
listings under 37 CFR 1.52(e)),				itity) for each ac	iditional 50		
sheets or fraction thereof. See  Total Sheets Extra Shee				Fee (\$)	Eag E	aid (\$)	
<u>Total Sheets</u> <u>Extra Shee</u> - 100 =		additional 50 or fra (round up to a wh			<u> </u>	CIG (W)	
4. OTHER FEE(S)	/50	(100110 0 0 10 0 1111	0.0 1.0.1.100.7	^		Paid (\$)	
Non-English Specification, \$13	30 fee (no small entity dis	scount)					
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00				0.00			
SUBMITTED BY							
Signature	//_	Registration No.	60,386	Telephone	(617) 951	1-7282	
Name (Print/Type) Richard G. Allison		(Attorney/Agent)		Date	May 19,		
Millst	// / / / / / / / / / / / / / / / / / /			1	way 13,	-000	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. (Cindyanne Holmes) Dated: \_\_\_\_5/19/08 Signature:

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

F65-44-10 and 42/00/0004		Complete if Known				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/642,395	10/642,395		
FEE TRANSMITTAL		Filing Date August 14, 2		03		
		First Named Inventor	r Michael S. H. C	Chu		
For FY 2008		Examiner Name Melissa K. R		ckman		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3773	3773		
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Attorney Docket No.	MIY-P01-024			
METHOD OF PAYMENT (check	all that apply)					
Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account I	Number: 18-1945	Deposit Accour	nt Name: Ropes	& Gray LLP		
For the above-identified depo	sit account, the Director is	s hereby authorized to:	(check all that apply)			
x Charge fee(s) indicated				cept for the filing fee		
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES		<del></del>			
			AMINATION FEES			
Application Type Fee (\$	Small Entity ) Fee (\$) Fee (\$	Small Entity  Fee (\$) Fe	Small Entity ee (\$) Fee (\$)	Fees Paid (\$)		
Utility 310	155 510		210 105	1000 / 4/4/		
]	105 100		130 65			
	105 100		160 80			
			520 310			
Reissue 310	155 510					
Provisional 210	105 0	0	0 0	Small Entity		
2. EXCESS CLAIM FEES				Small Entity Fee (\$) Fee (\$)		
Fee Description Each claim over 20 (including Reiss	uac)			50 25		
Each independent claim over 3 (incl	·			210 105		
Multiple dependent claims	uding Keissues)			370 185		
• •	Foo (\$) Foo	Paid (\$)	Multiple Depende			
Total Claims Extra Claims  34 - 34 =	<u>Fee (\$)                                  </u>	raid (4)		Fee Paid (\$)		
HP = highest number of total claims paid for	^ <del></del>		<u> </u>	<u> </u>		
Indep. Claims Extra Claims		Paid (\$)				
	x =					
HP = highest number of independent claims	paid for, if greater than 3.	<del></del>				
3. APPLICATION SIZE FEE						
If the specification and drawings ex	ceed 100 sheets of paper	(excluding electronic	ally filed sequence or	computer		
listings under 37 CFR 1.52(e)),	the application size fee d	ue is \$260 (\$130 for sr	mall entity) for each ac	dditional 50		
sheets or fraction thereof. See 3				Ean Baid (\$\		
Total Sheets Extra Shee	<del></del>	additional 50 or fraction	•	Fee Paid (\$)		
		_ (round up to a whole nu	imper) x	Foce Poid (\$)		
4. OTHER FEE(S)	O foo (no amali antini di-	oount)		Fees Paid (\$)		
Non-English Specification, \$13 Other (e.g., late filing surcharge)			nonth	120.00		
Other (v.g., tate time get vining s)						
SUBMITTED BY		Registration No. 60	),386 Telephone	(617) 951-7282		
Signature	<del>\</del>	(Attorney/Agent)	1000			
Name (Print/Type) Richard G. Alliso	<u> </u>		Date	May 19, 2008		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on
the date shown below with sufficient postage as First Class Mail, in an envelope add/essed to: MS Amendment, Commissioner for Patents, P.O.
l
Box 1450, Alexandria, VA 22313-1450.  Dated: 5/19/08 Signature: (Cindyanne Holmes)